End of Fiscal Year

Unexpended Balance Reporting



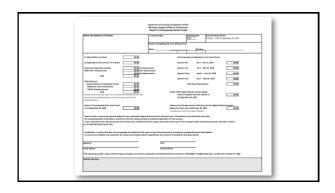


https://michiganidc.gov/grants/



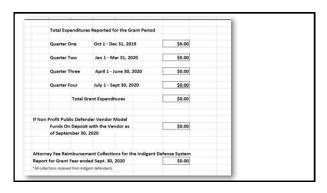
☐ Program report
Financial Status Report
Budget adjustment request
☐ A list of attorneys
Unexpended balance of funds

http://bit.ly/MIDCQ4webinar Watch our detailed (previously recorded) one hour webinar answering frequently asked questions about completing the final program and financial quarterly reporting.



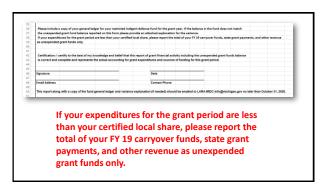
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				Michigan Indig	rensing and Regula jent Defense Co expended Gran	mmissi	pes								
Name and Address of Grantee			Funding Unit(s)			Grant Number 2020 -		Grant/Contrast Period October 1, 2019 to September 30, 2020							
				Person Completing this form (Please Print)											
				Name	_	-	_ ,	Position							
		_	-					=	-					1	

13				
14	FY 20 Certified Local Share	\$0.00		
15				
16	Unexpended Funds from the FY 19 Grant	\$0.00		
17				
18	State Grant Payments received	\$0.00	1st Advancement	
19	within the FY20 grant year	\$0.00	2nd Advancement	
20		\$0.00	3rd Advancement	
21	Total	\$0.00		
22				
23	Other Revenue			
24	Interest Earned on Deposited Funds	\$0.00		
25	Additional Local Contributions	\$0.00		
26	* MDOC Reimbursements	\$0.00		
27	Total	\$0.00		
28	*Reimbursement by the state Department of Corrections	for defense of prison	er cases	
29	per grant rules, is considered program income and is repo	orted as part of the		
30	unexpended balance.			
31				



1	Report of Unexpended State Grant Funds		
	as of September 30, 2020	\$0.00	
	Please include a copy of your general ledge		
	the unexpended grant fund balance reporte	ed on this form please pro	ovide an attacl
	If your expenditures for the grant period are	e less than your certified	local share, ple
	as unexpended grant funds only.		
	Certification: I certify to the best of my know	wledge and belief that th	is report of gra
	to a company to the second sec	actual accounting for gr	ant expenditur
	is correct and complete and represents the		
	is correct and complete and represents the	actual accounting to g	

Please include a copy of your general ledger for your restricted indigent defense fund for the grant year.					
	Diseas include a sense of use		امدا امد	6	
	This report along with a copy of the fund general ledger and variance explanation (if needed) si	should be emailed to L	ARA-MIDC-infogs	nichigan.gov no later th	an October 31, 2020.
ŀ	Email Address Contact Pho				
ŀ	Signature Date				
	is correct and complete and represents the actual accounting for grant expenditures and sour	arces of funding for th	is grant period.		
	Certification: I certify to the best of my knowledge and belief that this report of grant financial	al activity including the	unexpended gran	t funds balance	
	as unexpended grant funds only.				
	If your expenditures for the grant period are less than your certified local share, please report	the total of your FY 1	arryover funds,	state grant payments, a	nd other revenue
	the unexpended grant fund balance reported on this form please provide an attached explana	grant year. If the bala			



The financial documents should be emailed to LARA-MIDC-info@michigan.gov no later than October 31, 2020.

Please copy your Regional Manager on any messages.

Staff will not authorize any extension of time for filing the final reports.

Contact us anytime.

Marla McCowan —
McCowanM@Michigan.gov or
517-388-6702

Rebecca Mack —
MackR2@Michigan.gov

Regional Managers https://michiganidc.gov/wpcontent/uploads/2019/10/Region
als-Map-October-2019.pdf

LARA-MIDC-info@michigan.gov

